



APPLICATION FOR PERMIT TO OPERATE A TOURIST ACCOMMODATION

Fulton County Department of Health Services
Environmental Health Services Division

ESTABLISHMENT INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Email: _____ Fax #: _____

Establishment Type: ☐ Hotel/Motel ☐ Bed & Breakfast

OWNER INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Email: _____ Fax #: _____

PERMIT HOLDER INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Work #: _____ Cell #: _____

Email: _____ Fax #: _____

BILLING INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Email: _____ Fax#: _____

I, _____, certify that all information given in this application is true and correct to the best of my knowledge. I further understand and agree to comply with Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, Article XIII, "Tourist Court" as the holder of a permit to operate a tourist accommodation in Fulton County. The permit holder is defined as the entity who possesses a valid permit to operate a tourist accommodation and is legally responsible for the operation of the tourist accommodation such as the owner, agent or other such authorized or designated person. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended, revoked. Furthermore, a license issued by this Department concurrently with the permit, expires annually on the anniversary date of the permit issuance.

Preferred Contact Method: ☐ Telephone ☐ Email ☐ Fax

Permit Holder Signature Title Date

EHS Use Only

Construction Permit #: _____ Permit #: _____

Date of Remittance: ____/____/____ Fee Amount: _____ Check/M.O. #: _____ Receipt #: _____

Permit Issue Date: ____/____/____ Service Code: _____ License Expiration Date: ____/____/____

District Assignment: _____ Territory Assignment: _____

EHS Staff

Date of Issuance